

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101822

1. Entity Name
REEFLIFE DECORATIONS, INC.

FILED
Apr 28, 2002 8:00 am
Secretary of State

03-18-2002 90182 003 ***150.00

Principal Place of Business

1449 SW 1ST WAY
DEERFIELD BEACH FL 33441

Mailing Address

1449 SW 1ST WAY
DEERFIELD BEACH FL 33441

25860

2. Principal Place of Business

4271 NE 12th Terrace

Suite, Apt. #, etc.

3. Mailing Address

4271 NE 12th Terrace

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pompano Bch, FL

Zip 33064

Country

City & State

Pomp Bch, FL

Zip 33064

Country

4. FEI Number

65-0964087

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, MIKE
4271 NE 12 TERRACE
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME TAYLOR, MIKE
STREET ADDRESS 4271 NE 12 TERRACE
CITY-ST-ZIP POMPANO BEACH FL 33064

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

4/14/02

954-415-0445